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7590

08/02/2004

GLENN E VON TERSCH
BLAKELY SOKOLOFF TAYLOR AND ZAFMAN LLP
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T. J. DELGADO	(Depositor's name)
<i>[Signature]</i>	(Signature)
9/14/04	(Date)

09/17/2004 FFANAI3 00000112-09385978

01 FC:1501 1330.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/385,978	08/30/1999	DAVID M. LEE	042390.P7544	9880

TITLE OF INVENTION: METHOD AND APPARATUS FOR A CONFIGURATION RING

09/17/2004 FFANAI3 00000113 09385978

Void date: 09/17/2004 FFANAI3

01 FC:1501

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09/17/2004 FFANAI3 00000112 09385978

01 FC:1501 1330.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	11/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VU, TRISHA U	2112	710-305000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **BLAKELY, SOKOLOFF,**
TAYLOR & ZAFMAN LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

INTEL CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SANTA CLARA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☐ Publication Fee (No small entity discount permitted)☐ Payment by credit card. Form PTO-2038 is attached.☐ Advance Order - # of Copies _____☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number **02-2666** (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

EDWIN H. TAYLOR REG. NO. 25129 9/14/2004

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